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73846 7590 08/14/2008

Peter H. Priest
 5015 Southpark Drive, Suite 230
 Durham, NC 27713

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11/06/2008 RNEBRAH1 00000040 10799316

01 FC:1501

1510.00 OP

Marianna Tortorelli	(Depositor's name)
<i>Marianna Tortorelli</i>	(Signature)
November 5, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/799,316	03/12/2004	Nikos P. Pitsianis	800.0117	8198

TITLE OF INVENTION: METHODS AND APPARATUS FOR SINGLE STAGE GALOIS FIELD OPERATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	3448 \$1510	\$0	\$0	3448 \$1510	11/14/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAI, TAN V	2193	708-492000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Priest & Goldstein, PLLC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Altera Corporation

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

San Jose, CAPlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity, discount permitted)
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☒ The Director is hereby authorized to charge the amount of any deficiency, or credit any overpayment, to Deposit Account Number **501058** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

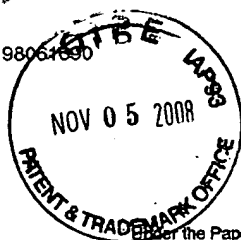
Date **November 5, 2008**

Typed or printed name

Peter H. PriestRegistration No. **30210**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/799,316
	Filing Date	Mar 12, 2004
	First Named Inventor	Pitsianis, Nikos P.
	Art Unit	2193
	Examiner Name	Mal, Tan V.
Total Number of Pages in This Submission	Attorney Docket Number	800.0117 A01159

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Issue Fee Transmittal Credit Card Form
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Priest & Goldstein, PLLC		
Signature			
Printed name	Peter H. Priest		
Date	November 5, 2008	Reg. No.	30210

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Signature			
Typed or printed name	Marianna Tortorelli	Date	November 5, 2008

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